

Renewal Forms

Instructions: Please mail in information before each semester and please keep forms on your computer for future semesters.

1. Have your college or university mail us your official transcripts.
2. FNA Form – Please fill in your information and sign, take or mail the form to your financial aid office and have them mail it back to us. DO NOT email or fax information all signatures must be original and will not be accepted.
3. Renewal forms must be signed and mailed to our office before the semester starts.
4. Student data form is for undergraduate/ Profile Sheet/ graduate. Please fill out and mail with packet.
5. Class schedule must have your name or ID number and you must be taking 12 credit for undergrad and 9 for a graduate students. NOTE: no online courses.
6. Updated list of scholarship search, you must apply for 10 new scholarships each semester. Please use our form and make sure that all information is entered.
7. If you change colleges please send a letter of admissions, along with a letter telling us what your plans are.

If you have any questions, please call our office we will be more than happy to help our number 505-262-2351.

STUDENT DATA SHEET TYPE OR PRINT CLEARLY

Name: _____ Date of Birth: _____ Date: _____

Social Security # _____

Permanent Home Address: _____

City/State/Zip: _____ Telephone #: _____

Scholarship award should be made payable to: (Check one)
(A) College/University ____ (B) Myself ____

Option A: Name/Address of Financial Aid Officer: _____

Fax #: _____ Telephone # _____

Option B: You're mailing address while attending institution: _____

City/State/Zip _____
Telephone # _____ E-mail Address: _____

Name of College/University you are attending: _____

City/State/Zip _____

____ Undergraduates ONLY (Required Information): Major: _____

Month/Year to Graduate: _____

____ Graduates ONLY (Required Information): Major: _____

Month/Year to Graduate: _____

Degree Objective: (Circle One) Field of Study: _____

**BA/ BBA / BS / MA /MBA/MS/MSW/ JD/ MD/ LPN/ RN/BSN/ DC/ DPM/ DVM/ DDS/ DO/
Ed.D/ Ph.D/Psy.D/Pharm.D./Th.D Other:** _____

College Class Level: (Circle One)
____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate ____ Post Graduate

Name/Address of Academic Advisor: _____
Telephone #: _____

Name/Address of your Employer: (if employed) _____
Telephone #: _____

Catching the Dream
Attention: Joy Noll, Student Services

8200 Mountain Road, N.E., Suite #103, Albuquerque, N.M. 87110 – (505) 262-2351
E-Mail: NScholarsh@aol.com

FILL IN ALL BLANKS THAT APPLY TO YOU

CTD GRADUATE PROFILE SHEET

Name: _____ Date: _____

Currant Mailing Address: _____ Permanent Mailing Address: _____

Phone No: _____ Phone: _____

Email Address: _____

Bachelor (BA, BS, BSN, BBA, etc.)

Degree Conferred: _____ Major: _____ date Degree Conferred: _____

Name of University / College degree received from: _____

City/State/Zip: _____

Masters (MA, MS, MSW, MBA, etc.)

Degree Conferred: _____ Major: _____ Date Degree Conferred _____

Name of University / College degree received from: _____

City/State/Zip: _____

Doctorate (Ph.D., J.D., Ed. D., M.D., etc.)

Degree Conferred: _____ Major: _____ Date Degree Conferred: _____

Name of University / College degree received from: _____

City/State/Zip: _____

Employer Name: _____ Your Job Title: _____

Employer Address: _____

City/State/Zip: _____

Is this an Indian – Owned or operated business? _____

You can help a relative/friend/acquaintance to obtain CTD scholarship information by listing their name and mailing address. You may list additional names on backside.



CATCHING THE DREAM

"Education is the seed that provides spiritual and individual

FINANCIAL NEEDS ANALYSIS

PART 1: TO BE COMPLETED BY THE STUDENT (Send form to college/university financial aid office for completion, do not fax or email signatures must be original)

Student Name: _____ Soc. Sec. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

College / University: _____ Major: _____

Funding Request For: Fall 20____ Spring 20____ Summer 20____ Full or part time? _____

I hereby give permission to Catching the Dream to request and receive any information on my financial aid status and academic progress. I understand that I must apply to all federal, state, private, and institutional aid before being considered for CTD aid. I also understand that I am responsible for seeing that this form reaches the CTD by the deadline dates.

Student Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to: Catching the Dream
8200 Mountain Road N.E., Suite 103
 Albuquerque, N.M. 87110
 (505) 262-2351

College Name _____

Address: _____

City: _____ State: _____ Zip: _____

EXPENSES:		RESOURCES:	
Tuition & Fees	\$	EFC	\$
Books & Supplies	\$	Private Scholarships	\$
Room & Board	\$	BIA Scholarship	\$
Transportation	\$	Tribal Scholarship	\$
Personal	\$	Grants (PELL, etc.)	\$
Other (Specify)	\$	Loans (Perkins, etc.)	\$
		Work Study	\$
		Veteran's benefits	\$
		Other (Specify)	\$
TOTAL EXPENSES:	\$	TOTAL RESOURCES:	\$

Has student been suspended from financial aid for failure to maintain satisfactory progress? Yes or No
 If yes, when? _____ Has student applied for financial aid? Yes or No

Print name of person completing form: _____

Signature of person completing form: _____

Title: _____ Phone No.: _____ Date: _____

